

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 2268 Session of 2024

INTRODUCED BY MARKOSEK, HARKINS, McNEILL, DONAHUE, PISCIOTTANO, MULLINS, ABNEY, SANCHEZ, DELLOSO, SCHLOSSBERG, KINSEY, CONKLIN, MALAGARI, MERCURI, DEASY, KHAN, D. WILLIAMS, NEILSON, DALEY, GUZMAN AND SAMUELSON, MAY 3, 2024

AS REPORTED FROM COMMITTEE ON INSURANCE, HOUSE OF REPRESENTATIVES, AS AMENDED, JUNE 11, 2024

AN ACT

1 Amending the act of May 17, 1921 (P.L.682, No.284), entitled "An
2 act relating to insurance; amending, revising, and
3 consolidating the law providing for the incorporation of
4 insurance companies, and the regulation, supervision, and
5 protection of home and foreign insurance companies, Lloyds
6 associations, reciprocal and inter-insurance exchanges, and
7 fire insurance rating bureaus, and the regulation and
8 supervision of insurance carried by such companies,
9 associations, and exchanges, including insurance carried by
10 the State Workmen's Insurance Fund; providing penalties; and
11 repealing existing laws," in casualty insurance, providing
12 for speech therapy for stuttering.

13 The General Assembly of the Commonwealth of Pennsylvania
14 hereby enacts as follows:

15 Section 1. The act of May 17, 1921 (P.L.682, No.284), known
16 as The Insurance Company Law of 1921, is amended by adding a
17 section to read:

18 Section 635.9. Speech Therapy for Stuttering.--(a) An <--
19 ~~insurer or MA or CHIP managed care plan shall make available~~
20 ~~coverage of both habilitative speech therapy treatment and~~
21 ~~rehabilitative speech therapy treatment for childhood stuttering~~

1 ~~and neurological stuttering. A HEALTH INSURANCE POLICY OFFERED, <--~~  
2 ~~ISSUED OR RENEWED IN THIS COMMONWEALTH SHALL PROVIDE COVERAGE~~  
3 ~~FOR HABILITATIVE SPEECH THERAPY TREATMENT AND REHABILITATIVE~~  
4 ~~SPEECH THERAPY TREATMENT FOR CHILDHOOD STUTTERING.~~

5 ~~(b) The coverage required under this section: <--~~

6 ~~(1) Shall not be subject to any maximum annual benefit~~  
7 ~~limit, including any limit on the number of visits that an~~  
8 ~~insured individual may make to a speech language pathologist.~~

9 ~~(2) Shall not be limited based on the type of disease,~~  
10 ~~injury, disorder or other medical condition that resulted in~~  
11 ~~stuttering.~~

12 ~~(3) Shall not be limited to cases of childhood stuttering.~~

13 ~~(4) Shall not be subject to utilization review requirements,~~  
14 ~~including prior authorization.~~

15 ~~(5) Shall include both in person and telehealth speech~~  
16 ~~therapy treatment.~~

17 ~~(c) If the secretary determines that a waiver or other~~  
18 ~~authorization from a Federal agency is necessary to implement~~  
19 ~~coverage required under this section, the secretary shall~~  
20 ~~request the waiver or other authorization within ninety days~~  
21 ~~after the effective date of this subsection. Implementation of~~  
22 ~~this section shall only be delayed by the requirement for the~~  
23 ~~secretary to secure the necessary waiver or other authorization.~~

24 ~~(d) As used in this section: SHALL BE SUBJECT TO THE TERMS <--~~  
25 ~~AND CONDITIONS OF A HEALTH INSURANCE POLICY, INCLUDING~~  
26 ~~PROVISIONS RELATING TO MEDICAL NECESSITY, COST-SHARING AND~~  
27 ~~UTILIZATION REVIEW.~~

28 ~~(C) THIS SECTION SHALL NOT BE CONSTRUED TO REQUIRE AN~~  
29 ~~INSURER TO COVER SCHOOL-BASED SPEECH THERAPY FOR CHILDHOOD~~  
30 ~~STUTTERING BASED SOLELY ON INCLUSION OF THE THERAPY IN AN~~

1 INDIVIDUALIZED EDUCATION PROGRAM.

2 (D) (1) EXCEPT AS PROVIDED IN PARAGRAPH (2), THE TERMS IN  
3 THIS SECTION SHALL BE GIVEN THE SAME MEANING AS IN SECTION 2102  
4 OF THIS ACT.

5 (2) AS USED IN THIS SECTION, THE FOLLOWING WORDS AND PHRASES  
6 SHALL HAVE THE MEANINGS GIVEN TO THEM IN THIS PARAGRAPH UNLESS  
7 THE CONTEXT CLEARLY INDICATES OTHERWISE:

8 "Childhood stuttering" means a speech disorder characterized  
9 by repetition of sounds, syllables or words, prolongation of  
10 sounds and interruptions in speech developed between two and six  
11 years of age.

12 "COST-SHARING" MEANS:

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13 (1) THE SHARE OF THE HEALTH CARE COSTS COVERED BY A HEALTH  
14 INSURANCE POLICY THAT AN ENROLLEE OR COVERED PERSON PAYS OUT-OF-  
15 POCKET.

16 (2) THE TERM INCLUDES A DEDUCTIBLE, COINSURANCE, COPAYMENT  
17 OR SIMILAR CHARGE.

18 (3) THE TERM DOES NOT INCLUDE A PREMIUM, A BALANCE BILLED  
19 AMOUNT FROM AN OUT-OF-NETWORK PROVIDER OR THE COST OF A  
20 NONCOVERED SERVICE.

21 "Habilitative speech therapy treatment" means speech therapy  
22 that helps an individual to keep, learn or improve skills and  
23 functioning for daily living.

24 "Health insurance policy" means a policy, subscriber  
25 contract, certificate or plan issued by an insurer that provides  
26 medical or health care coverage. The term does not include any  
27 of the following:

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28 (1) An accident only policy.

29 (2) A credit only policy.

30 (3) A long term care or disability income policy.

- 1 ~~(4) A specified disease policy.~~  
2 ~~(5) A Medicare supplement policy.~~  
3 ~~(6) A TRICARE policy, including a Civilian Health and~~  
4 ~~Medical Program of the Uniformed Services (CHAMPUS) supplement~~  
5 ~~policy.~~  
6 ~~(7) A fixed indemnity policy.~~  
7 ~~(8) A hospital indemnity policy.~~  
8 ~~(9) A dental only policy.~~  
9 ~~(10) A vision only policy.~~  
10 ~~(11) A workers' compensation policy.~~  
11 ~~(12) An automobile medical payment policy under 75 Pa.C.S.~~  
12 ~~(relating to vehicles).~~  
13 ~~(13) A homeowners' insurance policy.~~  
14 ~~(14) Any other similar policy providing for limited~~  
15 ~~benefits.~~

16 "Insurer" means as follows:

17 ~~(1) An entity licensed by the Insurance Department that~~  
18 ~~offers, issues or renews an individual or group health insurance~~  
19 ~~policy that is offered or governed under any of the following:~~

20 ~~(i) This act, including section 630 and Article XXIV.~~

21 ~~(ii) The act of December 29, 1972 (P.L.1701, No.364), known~~  
22 ~~as the "Health Maintenance Organization Act."~~

23 ~~(iii) 40 Pa.C.S. Ch. 61 (relating to hospital plan~~  
24 ~~corporations) or 63 (relating to professional health services~~  
25 ~~plan corporations).~~

26 ~~(2) The term does not include an entity operating as an MA~~  
27 ~~or CHIP managed care plan.~~

28 "MA or CHIP managed care plan" means a health care plan that  
29 uses a gatekeeper to manage the utilization of health care  
30 services by medical assistance or children's health insurance

1 ~~program enrollees and integrates the financing and delivery of~~  
2 ~~health care services.~~

3 ~~"Neurological stuttering" means a speech disorder~~  
4 ~~characterized by repetition of sounds, syllables or words,~~  
5 ~~prolongation of sounds and interruptions in speech developed as~~  
6 ~~a result of a stroke, head trauma or other type of brain injury.~~

7 ~~"Prior authorization" means a prospective utilization review,~~  
8 ~~performed by an insurer or MA or CHIP managed care plan or by a~~  
9 ~~utilization review entity acting on behalf of an insurer or MA~~  
10 ~~or CHIP managed care plan, of all reasonably necessary~~  
11 ~~supporting information that occurs prior to the delivery or~~  
12 ~~provision of a health care service and results in a decision to~~  
13 ~~approve or deny payment for the health care service. The term~~  
14 ~~includes step therapy and step therapy exception requests.~~

15 ~~"Rehabilitative speech therapy treatment" means speech~~  
16 ~~therapy that helps an individual restore or improve skills and~~  
17 ~~functioning for daily living that have been lost or impaired.~~

18 ~~"Secretary" means the Secretary of Human Services of the~~ <--  
19 ~~Commonwealth.~~

20 ~~"Speech therapy" means the therapeutic care provided to an~~  
21 ~~individual for treatment administered by a licensed speech-~~  
22 ~~language pathologist.~~

23 ~~"Telehealth" means the application of telecommunication~~ <--  
24 ~~technology to deliver speech therapy services at a distance for~~  
25 ~~assessment, intervention or consultation.~~

26 ~~"Utilization review" means a set of formal techniques~~  
27 ~~designed to monitor the use of or evaluate the medical~~  
28 ~~necessity, appropriateness, efficacy or efficiency of health~~  
29 ~~care services, procedures or settings, including prior~~  
30 ~~authorization, second opinion, certification, concurrent review,~~

1 ~~case management, discharge planning or retrospective review, in~~  
2 ~~order to make a determination regarding coverage of the service~~  
3 ~~under the terms of a health insurance policy or an agreement~~  
4 ~~with the Department of Human Services.~~

5 Section 2. This act shall apply as follows:

6 (1) For health insurance policies for which either rates  
7 or forms are required to be filed with the Federal Government  
8 or the Insurance Department, this act shall apply to any  
9 policy for which a form or rate is first filed on or after  
10 180 days after the effective date of this paragraph.

11 (2) For health insurance policies for which neither  
12 rates nor forms are required to be filed with the Federal  
13 Government or the Insurance Department, this act shall apply  
14 to any policy issued or renewed on or after 180 days after  
15 the effective date of this paragraph.

16 Section 3. This act shall take effect in ~~90~~ 60 days.

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